

Recipient Committee
Campaign Statement
Cover Page

(Government Code Sections 84200-84216.5)

Type or print in ink.

COVER PAGE

CALIFORNIA
FORM **460**

Page 1 of 12

For Official Use Only

Date Stamp

CLERK 13 JAN 15 PM 4:44

Statement covers period
from JUNE 30, 2012
through JAN. 12, 2013

Date of election if applicable:
(Month, Day, Year)
2/26/2013

SEE INSTRUCTIONS ON REVERSE

1. Type of Recipient Committee: All Committees - Complete Parts 1, 2, 3, and 4.

- ☒ Officeholder, Candidate Controlled Committee
☐ State Candidate Election Committee
☐ Recall
(Also Complete Part 5)
- ☐ General Purpose Committee
☐ Sponsored
☐ Small Contributor Committee
☐ Political Party/Central Committee
- ☐ Primarily Formed Ballot Measure Committee
☐ Controlled
☐ Sponsored
(Also Complete Part 6)
- ☐ Primarily Formed Candidate/Officeholder Committee
(Also Complete Part 7)

2. Type of Statement:

- ☒ Preelection Statement
☒ Semi-annual Statement
☐ Termination Statement
(Also file a Form 410 Termination)
- ☐ Amendment (Explain below)
- ☐ Quarterly Statement
☐ Special Odd-Year Report
☐ Supplemental Preelection Statement - Attach Form 495

3. Committee Information

I.D. NUMBER

1354250

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)

Committee to Re-Elect Dave Golonski' for Council 2013

STREET ADDRESS (NO P.O. BOX)

725 AVON ST.

CITY BURBANK STATE CA ZIP CODE 91505 AREA CODE/PHONE 818 843-2948

MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX

CITY _____ STATE _____ ZIP CODE _____ AREA CODE/PHONE _____

OPTIONAL: FAX / E-MAIL ADDRESS

Treasurer(s)

NAME OF TREASURER

TODD LAYFER

MAILING ADDRESS

816 N. PARISH PL.
CITY BURBANK STATE CA ZIP CODE 91506 AREA CODE/PHONE 818-845-9005

NAME OF ASSISTANT TREASURER, IF ANY

Dave Golonski
MAILING ADDRESS

725 N. Avon St
CITY Burbank STATE CA ZIP CODE 91505 AREA CODE/PHONE 818-843-2948

OPTIONAL: FAX / E-MAIL ADDRESS

4. Verification

I have used all reasonable diligence in preparing and reviewing this statement and to the best of my knowledge the information contained herein and in the attached schedules is true and complete. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on 1/14/2013
Date

Executed on 1/14/2013
Date

Executed on _____
Date

Executed on _____
Date

By Todd Layfer
Signature of Treasurer or Assistant Treasurer

By Dave Golonski
Signature of Controlling Officeholder, Candidate, State Measure Proponent or Responsible Officer of Sponsor

By _____
Signature of Controlling Officeholder, Candidate, State Measure Proponent

By _____
Signature of Controlling Officeholder, Candidate, State Measure Proponent

Recipient Committee
Campaign Statement
Cover Page — Part 2

Type or print in ink.

COVER PAGE - PART 2

CALIFORNIA
FORM **460**

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5. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE

Dave Golonski

OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)

City Council - Burbank

RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY STATE ZIP

725 N. Avon St. Burbank CA 91505

Related Committees Not Included in this Statement: *List any committees not included in this statement that are controlled by you or are primarily formed to receive contributions or make expenditures on behalf of your candidacy.*

COMMITTEE NAME

I.D. NUMBER

NAME OF TREASURER

CONTROLLED COMMITTEE?

☐ YES ☐ NO

COMMITTEE ADDRESS

STREET ADDRESS (NO P.O. BOX)

CITY

STATE

ZIP CODE

AREA CODE/PHONE

COMMITTEE NAME

I.D. NUMBER

NAME OF TREASURER

CONTROLLED COMMITTEE?

☐ YES ☐ NO

COMMITTEE ADDRESS

STREET ADDRESS (NO P.O. BOX)

CITY

STATE

ZIP CODE

AREA CODE/PHONE

6. Primarily Formed Ballot Measure Committee

NAME OF BALLOT MEASURE

BALLOT NO. OR LETTER

JURISDICTION

☐ SUPPORT
☐ OPPOSE

Identify the controlling officeholder, candidate, or state measure proponent, if any.

NAME OF OFFICEHOLDER, CANDIDATE, OR PROPONENT

OFFICE SOUGHT OR HELD

DISTRICT NO. IF ANY

7. Primarily Formed Candidate/Officeholder Committee *List names of officeholder(s) or candidate(s) for which this committee is primarily formed.*

NAME OF OFFICEHOLDER OR CANDIDATE

OFFICE SOUGHT OR HELD

☐ SUPPORT
☐ OPPOSE

NAME OF OFFICEHOLDER OR CANDIDATE

OFFICE SOUGHT OR HELD

☐ SUPPORT
☐ OPPOSE

NAME OF OFFICEHOLDER OR CANDIDATE

OFFICE SOUGHT OR HELD

☐ SUPPORT
☐ OPPOSE

NAME OF OFFICEHOLDER OR CANDIDATE

OFFICE SOUGHT OR HELD

☐ SUPPORT
☐ OPPOSE

Attach continuation sheets if necessary

Campaign Disclosure Statement Summary Page

Type or print in ink.
Amounts may be rounded
to whole dollars.

SUMMARY PAGE

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Statement covers period
from June 30, 2012
through Jan. 12, 2013

CALIFORNIA
FORM **460**

Page 3 of 12

I.D. NUMBER

1354250

Committee To ReElect Dave Golonski For Council 2013

Contributions Received

	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
1. Monetary Contributions Schedule A, Line 3	\$ <u>3,785</u>	\$ <u>3,485</u>
2. Loans Received Schedule B, Line 3	<u> </u>	<u> </u>
3. SUBTOTAL CASH CONTRIBUTIONS Add Lines 1 + 2	\$ <u>3,785</u>	\$ <u>3,485</u>
4. Nonmonetary Contributions Schedule C, Line 3	<u> </u>	<u> </u>
5. TOTAL CONTRIBUTIONS RECEIVED Add Lines 3 + 4	\$ <u>3,785</u>	\$ <u>3,485</u>

Calendar Year Summary for Candidates Running in Both the State Primary and General Elections

1/1 through 6/30 7/1 to Date

20. Contributions Received \$ _____ \$ _____
21. Expenditures Made \$ _____ \$ _____

Expenditures Made

6. Payments Made Schedule E, Line 4	\$ <u>786.51</u>	\$ <u>786.51</u>
7. Loans Made Schedule H, Line 3	<u> </u>	<u> </u>
8. SUBTOTAL CASH PAYMENTS Add Lines 6 + 7	\$ <u>786.51</u>	\$ <u>786.51</u>
9. Accrued Expenses (Unpaid Bills) Schedule F, Line 3	<u> </u>	<u> </u>
10. Nonmonetary Adjustment Schedule C, Line 3	<u> </u>	<u> </u>
11. TOTAL EXPENDITURES MADE Add Lines 8 + 9 + 10	\$ <u>786.51</u>	\$ <u>786.51</u>

Expenditure Limit Summary for State Candidates

22. Cumulative Expenditures Made* (If Subject to Voluntary Expenditure Limit)

Date of Election (mm/dd/yy) Total to Date

_____/_____/_____ \$ _____
_____/_____/_____ \$ _____

Current Cash Statement

12. Beginning Cash Balance Previous Summary Page, Line 16	\$ <u>-0-</u>
13. Cash Receipts Column A, Line 3 above	<u>3,785</u>
14. Miscellaneous Increases to Cash Schedule I, Line 4	<u> </u>
15. Cash Payments Column A, Line 8 above	<u>786.51</u>
16. ENDING CASH BALANCE Add Lines 12 + 13 + 14, then subtract Line 15	\$ <u>2,998.49</u>

If this is a termination statement, Line 16 must be zero.

To calculate Column B, add amounts in Column A to the corresponding amounts from Column B of your last report. Some amounts in Column A may be negative figures that should be subtracted from previous period amounts. If this is the first report being filed for this calendar year, only carry over the amounts from Lines 2, 7, and 9 (if any).

*Amounts in this section may be different from amounts reported in Column B.

17. LOAN GUARANTEES RECEIVED Schedule B, Part 2 \$ -0-

Cash Equivalents and Outstanding Debts

18. Cash Equivalents See instructions on reverse	\$ <u>-0-</u>
19. Outstanding Debts Add Line 2 + Line 9 in Column B above	\$ <u>-0-</u>

Schedule A
Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A

Statement covers period from <u>JUNE 30, 2012</u> through <u>JAN. 12, 2013</u>	CALIFORNIA FORM 460 Page <u>4</u> of <u>812</u>
I.D. NUMBER <u>1354250</u>	

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

COMMITTEE TO Re-Elect DAVE GDOBNSKI FOR COUNCIL 2013

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
1/12/13	ROE LEONE 1468 N. EVERGREEN ST. BURBANK, CA. 91505	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	SECURITY CONSULTANT AUTRY NATIONAL CENTER	50-	50-	50-
1/12/13	HUW HOLWILL 3519 VIEWCREST DR. BURBANK, CA. 91504	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	SELF-EMPLOYED HUW HOLWILL CONSULTING	50-	50-	50-
1/12/13	LYNDA WILLNER 2016 W. MOUNTAIN ST. GLENDALE, CA. 91201	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired	50-	50-	50-
1/12/13	RAY ADAMS 12 SKYLINE DR. BURBANK, CA. 91501	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	SALES RAY ADAMS CO.	250-	250-	250-
1/15/13	DIANE CAMPBELL 2935 W. VALLEY HENT DR. BURBANK, CA. 91505	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired	25-	25-	25-

SUBTOTAL \$ \$425-

Schedule A Summary

1. Amount received this period - itemized monetary contributions.
(Include all Schedule A subtotals.)

2. Amount received this period - unitemized monetary contributions of less than \$100

3. Total monetary contributions received this period.

(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.)

TOTAL \$ \$3,785

*Contributor Codes
IND - Individual
COM - Recipient Committee
(other than PTY or SCC)
OTH - Other (e.g., business entity)
PTY - Political Party
SCC - Small Contributor Committee

Schedule A (Continuation Sheet)
Monetary Contributions Received

Type or print in ink.
 Amounts may be rounded
 to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>June 30, 2012</u>	CALIFORNIA FORM 460
through <u>Jan. 12, 2013</u>	
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NAME OF FILER

Committee To Re-Elect Dave Golowski For Council 2013

I.D. NUMBER

1354250

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
1/5/13	Richard Good 434 N. CALIFORNIA ST. BURBANK, CA. 91505	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Teacher Notre Dame HS	50-	50-	50-
1/5/13	Bill Toth 4417 Magnolia Blvd. BURBANK, CA. 91505	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Owner/Broker Bill Toth Real Estate	100-	100-	100-
1/5/13	Robert Brody 117 N. Griffith Park DR BURBANK, CA. 91506	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Judge STATE OF CA.	50-	50-	50-
1/5/13	Robert Vincent 906 E. PROVIDENCIA BURBANK, CA. 91501	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Estate Sales Robert Vincent Sales	25-	25-	25-
1/8/13	Mickey DePalo 2601 W. VICTORY APT. H BURBANK, CA 91505	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired	100-	100-	100-
SUBTOTAL \$ <u>325-</u>						

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IND - Individual
 COM - Recipient Committee
 (other than PTY or SCC)
 OTH - Other (e.g., business entity)
 PTY - Political Party
 SCC - Small Contributor Committee

Schedule A (Continuation Sheet)
Monetary Contributions Received

Type or print in ink.
 Amounts may be rounded
 to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>JUNE 30, 2012</u> through <u>JAN. 12, 2013</u>	CALIFORNIA FORM 460
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NAME OF FILER

COMMITTEE TO RE-ELECT DAVE GODOVSKI FOR COUNCIL 2013

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
1/8/13	Wendy James 3 ORANGE GROVE TER. BURBANK, CA. 91501	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	OWNER BETTER WORLD GROUP	250-	250-	250-
1/8/13	JAMES SMALL 701 N. NAOMI ST. BURBANK, CA. 91505	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	MACHINIST ACCURATE MFG.	50-	50-	50-
1/8/13	RAMIK: MARGARET HOVANESSIAN 830 E. CORNELL DR. BURBANK, CA. 91504	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	PRESIDENT/OWNER AMERICAN BEST HOME REALTY	50-	50-	50-
1/8/13	JAN LOPORCHIO 350 ONTARIO ST. BURBANK, CA. 91505	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	PAYROLL ACCOUNTANT CBS STUDIOS	50-	50-	50-
1/8/13	STEVE PURCELL 350 N. ONTARIO ST. BURBANK, CA. 91505	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	SFX Foreman CBS Studios	50-	50-	50-
SUBTOTAL \$				450-		

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 (other than PTY or SCC)
 OTH - Other (e.g., business entity)
 PTY - Political Party
 SCC - Small Contributor Committee

Schedule A (Continuation Sheet)
Monetary Contributions Received

Type or print in ink.
 Amounts may be rounded
 to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>June 30, 2012</u> through <u>JAN. 12, 2013</u>		CALIFORNIA FORM 460
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NAME OF FILER <u>Committee To Re-elect Dave Golonski For Council 2013</u>		I.D. NUMBER <u>1354250</u>

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
1/8/13	ROBERT OVROM 108 SKYLINE DR. BURBANK, CA. 91501	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	GOV'T OFFICIAL CITY OF LA	250-	250-	250-
1/7/13	WILLIAM ANDERSON 321 N. SIXTH ST. BURBANK, CA. 91501	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired	25-	25-	25-
1/7/13	JOHN EMMETT O'NEILL, JR. 617 S. ORCHARD DR. BURBANK, CA. 91506	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	CONSULTANT THE O'NEILL GROUP	250-	250-	250-
1/7/13	CYNTHIA LACAMERA 521 CAMBRIDGE DR. BURBANK, CA. 91504	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	CIVIL ENGINEER MWD	25-	25-	25-
1/7/13	GREG BRANN 2912 N. KEYSTONE BURBANK, CA. 91504	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	SALES EXEC. BEXEL	30-	30-	30-
SUBTOTAL \$				580-		

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 (other than PTY or SCC)
 OTH - Other (e.g., business entity)
 PTY - Political Party
 SCC - Small Contributor Committee

Schedule A (Continuation Sheet)
Monetary Contributions Received

Type or print in ink.
 Amounts may be rounded
 to whole dollars.

SCHEDULE A (CONT.)

Statement covers period
 from June 30, 2012
 through JAN. 12, 2013

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NAME OF FILER

I.D. NUMBER

1354250

COMMITTEE TO RE-ELECT DAVE GOLOWSKI FOR COUNCIL 2013

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
1/9/13	ALAN ARZOIAN 2544 W. MAGNOLIA BURBANK, CA. 91505	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	OWNER HANDY MARKET	100-	100-	100-
1/9/13	ISABEL ADAMS 831 E. ANGELES BURBANK, CA. 91504	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	REALTOR DILBECK RE	30-	30-	30-
1/9/13	Chris! Brad Welker 924 BIRMINGHAM BURBANK, CA. 91504	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired	100-	100-	100-
1/9/13	Bob! Sandee HASTINGS 635 N. LIMA ST. BURBANK, CA. 91505	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	SALES DIRECTOR SALEM-LA	100-	100-	100-
1/9/13	DEAN SHELBY! LYNN WHITE 3106 N. LAMAR ST. BURBANK, CA. 91504	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired	100-	100-	100-
SUBTOTAL \$				430-		

***Contributor Codes**

IND - Individual
 COM - Recipient Committee
 (other than PTY or SCC)
 OTH - Other (e.g., business entity)
 PTY - Political Party
 SCC - Small Contributor Committee

Schedule A (Continuation Sheet)
Monetary Contributions Received

Type or print in ink.
 Amounts may be rounded
 to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>June 30, 2012</u> through <u>JAN. 12, 2013</u>	CALIFORNIA FORM 460 Page <u>89</u> of <u>812</u>
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NAME OF FILER

Committee To Re-Elect Dave Golowski For Council 2013

I.D. NUMBER

1354250

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
1/9/13	JCF VANDER BORGHT 332 S. PARIKH PL. BURBANK, CA 91506	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	ARCHITECT JCF VANDER BORGHT, AIA	100-	100-	100-
1/9/13	ZITA LEFERBURE 4622 CROWN AVE LA CANADA, CA. 91011	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	OPS. DIR CARTOON NETWORK	250-	250-	250-
1/9/13	PETER MCGARTH 535 E. TUFTS BURBANK, CA. 91504	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired	100-	100-	100-
1/9/13	ANITA ! JIM DAVY 641 N. NAOMI BURBANK, CA. 91505	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Producer Disney	25-	25-	25-
1/10/13	PATRICIA KING 2431 N. MEYERS BURBANK, CA. 91504	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired	25-	25-	25-
SUBTOTAL \$				500		

*Contributor Codes

IND - Individual
 COM - Recipient Committee
 (other than PTY or SCC)
 OTH - Other (e.g., business entity)
 PTY - Political Party
 SCC - Small Contributor Committee

Schedule A (Continuation Sheet)
Monetary Contributions Received

Type or print in ink.
 Amounts may be rounded
 to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>June 30, 2012</u> through <u>JAN 12, 2013</u>	CALIFORNIA FORM 460
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NAME OF FILER

Committee To Re-Elect Dave Golowski For Council 2013

I.D. NUMBER

1354250

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
1/10/13	JANET KILLIAN 821 ETON DRIVE BURBANK, CA. 91504	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired	25-	25-	25-
1/10/13	LESTER MANANOS 903 E. VALENCIA BURBANK, CA. 91501	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Computer Sales MANCO IND	250-	250-	250-
1/10/13	MIKE CHAPMAN 3026 N. LAMAR ST. BURBANK, CA. 91504	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	General Mgr. HAUTE HOUSE Home Furnishings	50-	50-	50-
1/12/13	CLAUDIA BONI'S 730 N. BERTWOOD DR. BURBANK, CA. 91506	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	REALTOR CENTURY 21	50-	50-	50-
12/31/12	TODD LAYFER 816 N. PAMISH PL. BURBANK, CA. 91506	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	CONTRACTOR LAFRA	200-	-0-	200-
SUBTOTAL \$				575-		

***Contributor Codes**

IND - Individual
 COM - Recipient Committee
 (other than PTY or SCC)
 OTH - Other (e.g., business entity)
 PTY - Political Party
 SCC - Small Contributor Committee

Schedule A (Continuation Sheet)
Monetary Contributions Received

Type or print in ink.
 Amounts may be rounded
 to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>June 30, 2012</u> through <u>JAN. 12, 2013</u>	CALIFORNIA FORM 460
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NAME OF FILER

Committee To Re-Elect Dave Golonski For Council 2013

I.D. NUMBER

1354250

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
12/26/12	DAVE Golonski 725 AVON BURLINGAME, CA. 91505	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	CITY OF BURLINGAME COUNCILMAN	100-	- 0 -	100 -
1/3/13	DAVE Golonski 725 AVON BURLINGAME, CA. 91505	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	CITY OF BURLINGAME COUNCILMAN	400-	400-	500-
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
SUBTOTAL \$ <u>500 -</u>						

***Contributor Codes**

IND - Individual
 COM - Recipient Committee
 (other than PTY or SCC)
 OTH - Other (e.g., business entity)
 PTY - Political Party
 SCC - Small Contributor Committee

Schedule E
(Continuation Sheet)
Payments Made

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE E (CONT.)

SEE INSTRUCTIONS ON REVERSE
NAME OF FILER

Statement covers period from <u>JUNE 30 2012</u> through <u>JAN. 12, 2013</u>		CALIFORNIA FORM 460
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I.D. NUMBER <u>1354250</u>		

COMMITTEE TO RE-ELECT DAVE GODOWSKI FOR COUNCIL 2013

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP	campaign paraphernalia/misc.	MBR	member communications	RAD	radio airtime and production costs
CNS	campaign consultants	MTG	meetings and appearances	RFD	returned contributions
CTB	contribution (explain nonmonetary)*	OFC	office expenses	SAL	campaign workers' salaries
CVC	civic donations	PET	petition circulating	TEL	t.v. or cable airtime and production costs
FIL	candidate filing/ballot fees	PHO	phone banks	TRC	candidate travel, lodging, and meals
FND	fundraising events	POL	polling and survey research	TRS	staff/spouse travel, lodging, and meals
IND	independent expenditure supporting/opposing others (explain)*	POS	postage, delivery and messenger services	TSF	transfer between committees of the same candidate/sponsor
LEG	legal defense	PRO	professional services (legal, accounting)	VOT	voter registration
LIT	campaign literature and mailings	PRT	print ads	WEB	information technology costs (internet, e-mail)

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
1/12/13 COLBY PASTER PRINTING 1332 W. 12TH PL. LOS ANGELES, CA. 90015	CMP	LAWN SIGN SUPPLIES	396
1/10/13 SECRETARY OF STATE	FIL	FILING FEES - STATEMENT OF ORGANIZATION	50-
1/6/13 COSTCO BURBANK CA.		POSTAGE/INK	299.59
1/6/13 STAPLES BURBANK CA.		ENVELOPES/PAPER	10.41
1/8/13 STAPLES BURBANK CA.		OFFICE SUPPLIES	30.51

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

SUBTOTAL \$ 786.51